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ABSTRACT

The Colorado legislature, through passage of the "Colorado Comprehensive Health Education Act," declared that comprehensive health education is an essential element in public education in the state. The first half of this volume reprints Title 22, Article 25, "Colorado Comprehensive Health Education Act" from the Colorado Revised Statutes. The second portion of the volume presents the guidelines developed by the Comprehensive Health Education Advisory Committee and adopted by the Colorado State Board of Education. The guidelines are intended to aid school districts and boards of cooperative services in developing programs to meet the intent of the bill and adhere to stated purposes and objectives. The guidelines cover the following topics: definitions of terms used in the statutes, the comprehensive health education curriculum, teacher training, parent and community involvement, the Comprehensive Health Education Advisory Council, allocation of funds, and reports and evaluation. (ND)

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ED 407 370

THE COLORADO COMPREHENSIVE HEALTH EDUCATION ACT

THE LAW & GUIDELINES

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ARTICLE 25

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TITLE 22
EDUCATION

ARTICLE 25
Colorado Comprehensive Health Education Act

22-25-101. Short title. This article shall be known and may be cited as the "Colorado Comprehensive Health Education Act".

22-25-102. Legislative declaration. (1) The general assembly hereby finds and declares that comprehensive health education is an essential element of public education in the state of Colorado. The school system is a logical vehicle for conveying to children and parents significant health information, developing an awareness of the value of good health to the individual and to the community, promoting healthy behavior and positive self-concepts, and providing means for dealing with peer and other pressures. It is further declared that many serious health problems in Colorado, including high-risk behaviors, are directly attributable to the insufficient health knowledge and motivation of the school-age population and the general public and that studies have demonstrated the effectiveness of a planned school curriculum throughout the elementary and secondary grades in developing healthy behavior. The purpose of this article is to foster healthy behaviors in our children and communities through a comprehensive educational plan which has as its goal not only the increase of health knowledge but also the modification of high-risk behaviors.

(2) Since the enactment of this article the general assembly has further determined that the insidious attractions of gangs and substance abuse are endangering the youth of Colorado and, by doing so, are endangering all Colorado citizens. Accordingly, the general assembly finds and declares that the implementation of educational programs in the public schools is necessary to assist young people in avoiding gang involvement and substance abuse.

22-25-103. Definitions. As used in this article, unless the context otherwise requires:

(1) "Colorado comprehensive health education program" means the program created by section 22-25-104 (1) for the purpose of encouraging the teaching of comprehensive health education for the students of the schools in Colorado.

(2) "Commissioner" means the office of the commissioner of education created and existing pursuant to section 1 of article IX of the state constitution.

(3) "Comprehensive health education" means a planned, sequential health program of learning experiences in preschool, kindergarten, and grades one through twelve which shall include, but shall not be limited to, the following topics:

(a) Communicable diseases, including, but not limited to, acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) related illness;

(b) Community and environmental health;

(c) Consumer health;
(d) Dental health;
(e) Tobacco, alcohol, and other drug use;
(f) Human growth and development;
(g) Hereditary and developmental conditions;
(h) Mental and emotional health;
(i) Nutrition, personal health, and physical fitness;
(j) Family life education;
(k) Injury prevention, safety, motor vehicle safety, and emergency care;
(l) High-risk behaviors and concerns; and
(m) Age appropriate instruction on family roles and expectations, child development, and parenting.

(3.5) "Gang" means a group of three or more individuals with a common interest, bond, or activity characterized by criminal or delinquent conduct, engaged in either collectively or individually.

(4) "High-risk behaviors" means actions by children and adolescents which present a danger to their physical or mental health or which may impede their ability to lead healthy and productive lives. "High-risk behaviors" includes, but is not limited to, dropping out of school, incest and other sexual activity with adults, sexual activity by school aged children, physical and mental abuse, violence, and use of tobacco, alcohol, or other drugs.

(4.5) "Law-related education program" means an educational program for teaching nonlawyers about law, the legal system, and the fundamental principles and values on which our constitutional democracy is based, which program's approach is characterized by relevant curriculum materials, interactive teaching strategies, and extensive use of community resource persons and experience.

(5) "Local comprehensive health education program" means a health education program instituted by a school board or board of cooperative services in accordance with the requirements of this article.

(6) "State board" means the state board of education created pursuant to section 1 of article IX of the state constitution.

22-25-104. Colorado comprehensive health education program - role of department of education - recommended curriculum guidelines - allocation of funds - rules and regulations. (1) There is hereby created the Colorado comprehensive health education program, which shall be a voluntary program in which school districts and boards of cooperative services may participate through the creation of local comprehensive health education programs. Implementation of the Colorado comprehensive health education program shall be a cooperative effort among the department of education, the Colorado commission on higher education, the department of public health and environment and other health education professionals, and participating school districts and boards of cooperative services.

(2) The department of education shall have the authority to promote the development and implementation of local comprehensive health education programs.

(3) (a) With the assistance of parents, school districts, the department of public health and environment, the Colorado commission on higher education, and other interested parties, the department of education shall develop recommended guidelines for the implementation of local comprehensive health education programs.

(b) The guidelines developed by the department of education pursuant to paragraph (a) of this subsection (3) shall include, but shall not be limited to, the following for preschool, kindergarten, and grades one through twelve:

(I) The recommended information and topics to be covered in the local comprehensive health education program and the recommended methods of instruction to be used by teachers for such program;

(II) The recommended hours of instruction required to ensure that positive health knowledge, attitudes, and practices are achieved and maintained by the students; and

(III) The recommended training which the school district may require for staff who instruct in local comprehensive health education programs.

(4) (a) The department of education shall develop a plan for the training of teachers to provide comprehensive health education and shall promote the proper training of staff in health education.

(b) As part of the plan to train teachers to instruct in comprehensive health education, the Colorado department of education and the Colorado commission on higher education shall cooperatively develop course work or instructor endorsements in health and high-risk behaviors education in order that both interested students seeking teacher certification and practicing teachers may secure certification in health education.

(5) Upon the request of a school district or board of cooperative services, the department of education shall provide, within available resources, such technical assistance as may be necessary to develop a local comprehensive health education program.

(6) Any curriculum and materials developed and used in teaching sexuality and human reproduction shall include values and responsibility and shall emphasize abstinence by school aged children.

(7) The department of education shall promulgate, in accordance with article 4 of title 24, C.R.S., such rules and regulations as may be necessary to carry out the duties of the department of education as set forth in this article.

22-25-104.5. Law-related education program - creation - repeals. (1) (a) There is hereby created, within the Colorado department of education prevention initiatives unit, the Colorado law-related education program for the purpose of promoting behavior which will reduce the incidence of gang or other antisocial behavior and substance abuse by students in the public schools through education.

(b) Under the program, each school district in the state is strongly encouraged to implement a law-related education program pursuant to the requirements of this article which program shall specifically address the development of resistance to antisocial gang behavior and substance abuse without compromising academics.

(2) (a) A law-related education program implemented by a school district may be designed to promote responsible citizenship and reduce antisocial behavior without compromising academics. Specific grade levels should be determined by school districts based on local curricular frameworks and review of what is known about existing and promising programs. All topics addressed in such law-related education program shall be taught in a manner which is appropriate for the ages of the students to be instructed.

(b) The topics for instruction in a law-related education program implemented by a school district may include, but need not be limited to, the following:

(I) The rights and responsibilities of citizenship;

(II) The foundations and principles of American constitutional democracy;

(III) The role of law in American society;

(IV) The organization and purpose of legal and political systems;

(V) The disposition to abide by law;

(VI) The opportunities for responsible participation;

(VII) The alternative dispute resolution approach including mediation and conflict resolution.

(c) Schools are encouraged to seek the cooperation of and use the expertise of available state and local law-related education programs such as the Drug Abuse Resistance Education (D.A.R.E.) program.

(3) (a) There is hereby created, within the department of education prevention initiatives unit, the law-related education advisory board which board shall consist of a minimum of nine members appointed by the governor, with the consent of the senate. Members of the board shall be appointed for terms of three years and no person shall be appointed to serve more than two consecutive terms. Expertise in law-related education or delinquency prevention is a requirement of all education and law-related professionals on the board.

(b) (I) One member of the board shall be a licensed school administrator.

(II) One member of the board shall be a licensed elementary school teacher.

(III) One member of the board shall be a licensed secondary school teacher.

(IV) One member of the board shall be a level I or level Ia peace officer as defined in section 18-1-901 (3) (l), C.R.S., who is currently employed by a law enforcement agency.

(V) One member of the board shall be a drug or gang prevention practitioner.

(VI) Two members of the board shall be members of the general public who are not licensed teachers, licensed administrators, police officers, or active members of an existing community drug or gang education program, one of whom is the parent of a child currently attending public school in Colorado.

(VII) One member of the board shall be a licensed school social worker or a licensed mental health professional, the majority of whose practice deals with children or adolescents.

(VIII) One member shall be a director or coordinator of law-related education programs with expertise in delinquency prevention theory and research or implementation of school-based law-related education programs.

(c) Any member of the board may be removed at any time for cause by the governor. If any member of the board vacates his or her office, a vacancy on the board shall exist, and the governor shall fill such vacancy by appointment.

(d) Members of the board shall be reimbursed for their actual and necessary expenses in the performance of their duties pursuant to this article.

(e) The department of education prevention initiatives unit shall provide such office space, equipment, and staff services to the board as is necessary for the board to carry out its powers and duties as set forth in this article.

(f) The term "licensed", as it appears in subparagraphs (I) to (III) of paragraph (b) of this subsection (3), shall include any person certificated pursuant to the provisions of article 60 of this title.

(g) (I) This subsection (3) is repealed, effective July 1, 1999.

(II) Prior to such repeal, the advisory board shall be reviewed as provided in section 2-3-1203, C.R.S.

(4) (a) In addition to any other duties conferred upon the law-related education advisory board, the advisory board shall study, develop, and make recommendations to the state board of education regarding the following:

(I) Guidelines to assist school districts in the implementation of effective, comprehensive law-related education programs;

(II) Suggested topics for instruction;

(III) Suggested texts and other instructional materials;

(IV) Age-specific training program guidelines for instructors and administrators in antisocial gang behavior and substance abuse;

(V) An inventory and evaluation of existing law-related education programs which are currently available in school districts and communities. New collaboratives and approaches should be encouraged following a review of research regarding promising practices and effective programs;

(VI) Allocation of grants to school districts to implement law-related education programs; and

(VII) Methods and procedures by which a law-related education program which may be implemented by a school district is to be measured to determine its effectiveness against the incidence of gang involvement and substance abuse by the students of that school district.

(b) Any recommendations made by the law-related education advisory board pursuant to this subsection (4) shall be carefully considered by the state board of education. The state board of education may refer any recommendation back to the law-related

education advisory board with written comments for further review and discussion.

(c) This subsection (4) is repealed, effective July 1, 1999.

(5) (a) The state board shall promulgate guidelines, based upon the recommendations of the law-related education advisory board, to provide grants to and to assist school districts in the implementation of effective, comprehensive law-related education programs addressing gang awareness and substance abuse resistance. The initial version of such guidelines shall be prepared on or before July 1, 1995. Such guidelines shall include, but shall not be limited to, the following:

(I) Suggested topics for instruction;

(II) Suggested texts and other instructional materials; and

(III) The necessary training for instructors.

(b) The state board shall make such guidelines available to all school districts for use in implementing law-related education programs.

(c) The department of education, through the coordinator and staff of the prevention initiatives unit, shall be responsible for implementation, monitoring, and administration of the program and shall maintain certifications and records and act as a statewide clearinghouse for information and assistance for the school district law-related education programs.

(6) (a) All school districts are encouraged to create programs for the training of instructors and administrators in gang awareness and substance abuse resistance education in order to provide effective instruction to students concerning the dangers of gang involvement and substance abuse by the students in the school district.

(b) Upon the request of school district officials, the state board or the law-related education advisory board shall assist school district officials in the preparation of plans for the creation by school districts of training programs for instructors and administrators in gang awareness and substance abuse resistance education.

(7) (a) Each school district may prepare an annual report concerning the progress of the school district in implementing a law-related education program. Such report shall be filed with the state board on or before October 1, 1996, and on or before October 1 of each year thereafter.

(b) Each annual report of a school district prepared pursuant to paragraph (a) of this subsection (7) shall include, but shall not be limited to, an analysis by school district officials of the effect of the law-related education program on the incidence of gang involvement and substance abuse by the students in the school district.

22-25-105. Review of local comprehensive health education programs - allocation of funds by the state board of education. (1) Any school district or board of cooperative services which is seeking funding for a local comprehensive health education program under this article shall file an application with the department of education in such form as the department of education shall require. Such application shall include provisions for the implementation of a law-related education program for the purpose of reducing the

incidence of gang involvement and substance abuse by students through education.

(2) The commissioner or the commissioner's designee, with the assistance of the executive director of the department of public health and environment or his designee, shall review all applications for review of local comprehensive health education programs submitted to the department of education.

(3) (a) The state board of education shall establish a review and prioritization process for the allocation of available funds to school districts or boards of cooperative services based upon applications submitted to the department of education and giving due consideration to the guidelines developed pursuant to section 22-25-104 (3) (a). Funding may be made available to districts to implement portions of a comprehensive health education program, according to the needs of the individual school district. Pursuant to such review and prioritization process, the state board of education shall allocate available funds to such school districts or boards of cooperative services as the state board of education finds have planned or developed local comprehensive health education programs which will serve the objectives of this article. Funding for local comprehensive health education programs may include, but shall not be limited to, the implementation of training programs, in-service education institutes, and curriculum development programs for staff who shall instruct in comprehensive health education. No funds shall be allocated to school districts pursuant to the provisions of this subsection (3) until the department determines the amount of money that will be available for allocation from the Colorado comprehensive health education fund.

(b) If moneys are not available in the Colorado comprehensive health education fund sufficient to fund programs in every school district, the department may establish pilot programs for school districts which express an interest in developing or expanding a program and in which there is a need for such program.

22-25-106. Local comprehensive health education programs - establishment of comprehensive health education advisory councils. (1) Each school district and board of cooperative services may and is encouraged to establish a local comprehensive health education program. To ensure that a local comprehensive health education program reflects the health issues and values of the community, each school district or board of cooperative services may establish a comprehensive health education advisory council, or may add necessary representatives to the school district's advisory accountability committee created pursuant to section 22-7-104 (1) or other appropriate committee, to address and make recommendations to the school district or board of cooperative services concerning the curriculum of the local comprehensive health education program.

(2) In establishing a comprehensive health education advisory council or in supplementing an advisory accountability committee or other appropriate committee, the board of a school district or board of cooperative services is encouraged to appoint members of the community who represent various points of view within the school

district concerning comprehensive health education; however, a majority of the committee shall be comprised of parents of children enrolled in the district. Members may include, but shall not be limited to, parents, a member of the clergy, teachers, school administrators, pupils, health care professionals, members of the business community, law enforcement representatives, senior citizens, and other interested residents of the school district.

(3) In addition to the requirements of section 22-25-104 (3) (b), each school district and board of cooperative services is encouraged to include instruction in its local comprehensive health education program which:

(a) Promotes parental involvement, promotes abstinence from high-risk behaviors, fosters positive self-concepts, develops decision-making skills, and provides mechanisms for coping with and resisting peer pressure;

(b) Focuses on the dynamic relationship among physical, mental, emotional, and social well-being; and

(c) Integrates available community resources into the educational program.

(4) (a) Each local comprehensive health education program which is adopted by a school district or board of cooperative services shall include a procedure to exempt a student, upon request of the parent or guardian of such student, from a specific portion of the program on the grounds that it is contrary to the religious beliefs and teachings of the student or the student's parent or guardian.

(b) Any local school district or board of cooperative services which adopts a local comprehensive health education program shall ensure that at a minimum the following public information requirements are met:

(I) Written notification of such local comprehensive health education program shall be given to the parents or guardians of all students within such school district or board of cooperative services, including notification that a student is allowed an exemption which permits such a student, at the request of the parent or guardian of the student, to be excused from all or any part of the local comprehensive health education program; and

(II) The curriculum and materials to be used shall be made available for public inspection at reasonable times and reasonable hours and a public forum to receive public comment upon such curriculum and materials shall be held.

22-25-107. Reports required. (1) Each school district or board of cooperative services which receives funding for a local comprehensive health education program pursuant to this article shall annually file a written report with the department of education concerning the status of the education program. Such report shall include such information and data as the department of education shall require, including but not limited to the information received in the public forum held pursuant to section 22-25-106 (4), and such report shall be filed on or before such date as the department of education shall determine.

(2) With the assistance of the department of public health and environment, participating school districts and boards of cooperative services, and other appropriate entities, the department of education shall develop an evaluation of the Colorado comprehensive health education program. The commissioner shall annually prepare a written report describing the results of such evaluation which shall include, but shall not be limited to, a review of the program's compliance with the expressed intent of this article and any evidence of changed outcomes and behaviors as a result of this article. The commissioner shall transmit such report to the governor, to the members of the general assembly, and to the chairmen of the senate and house committees on education and the senate and house committees on health, environment, welfare, and institutions.

22-25-108. Participation of nonpublic school personnel. Teachers, school nurses, or school administrators employed by a nonpublic school may participate as students in in-service education institutes or curriculum development programs conducted by school districts or boards of cooperative services pursuant to this article. At the discretion of the school district or board of cooperative services conducting such institutes or programs, such participants may be required to pay the pro rata share of the cost of participation.

22-25-109. Colorado comprehensive health education fund - creation - acceptance of funds. (1) There is hereby created in the state treasury the Colorado comprehensive health education fund, which fund shall be made up of moneys transferred thereto from the state public school fund pursuant to section 22-54-114, if any, as well as any moneys received by the department of education pursuant to subsection (2) of this section. The moneys in such fund shall be subject to annual appropriation by the general assembly to the department of education for the purpose of carrying out the provisions of this article.

(2) In addition to any funds appropriated for the implementation of this article, the department of education is authorized to accept gifts, donations, or grants of any kind from any private source or from any governmental unit to carry out the purposes of this article subject to the conditions upon which the gifts, donations, or grants are made; except that no gift, grant, or donation shall be accepted if the conditions attached thereto require the use or expenditure thereof in a manner contrary to law or require expenditures from the general fund unless such expenditures are approved by the general assembly. All such gifts, donations, and grants shall be transmitted to the state treasurer, who shall credit the same to the Colorado comprehensive health education fund.

22-25-110. Funding of existing programs - operation of other health education programs. (1) Nothing in this article shall be interpreted to prevent a school district or board of cooperative services currently offering health education programs from being eligible to receive funding pursuant to this article.

(2) Nothing in this article shall be interpreted to require a school district or board of cooperative services to establish a local comprehensive health education program nor shall it be interpreted to prevent a school district or board of cooperative services from offering a health education program which is not operated under the requirements of this article; except that any school district or board of cooperative services offering such a health education program shall:

(a) Comply with the public information requirements contained in section 22-25-106 (4); and

(b) Establish a procedure to exempt a student, upon request of the parent or guardian of such student, from a specific portion of the health education program on the grounds that it is contrary to the religious beliefs and teachings of the student or the student's parent or guardian.

GUIDELINES

developed by the
Comprehensive Health Education Advisory Committee
and adopted by the
Colorado State Board of Education

April 11, 1991 & May 9, 1991
Denver, Colorado

I. INTRODUCTION

The Colorado legislature, through passage of the "Colorado Comprehensive Health Education Act" declares that comprehensive health education is an essential element of public education in the state of Colorado. [22-25-102, C.R.S. as amended]

The legislation recommends that certain elements be included in a school district or board of cooperative services program. The material on the following pages has been developed by the Comprehensive Health Education Guidelines Advisory Committee to aid school districts and boards of cooperative services in developing programs which will meet the intent of the bill and achieve the stated purposes and objectives. The Advisory Committee was formed pursuant to section 22-25-104(3)(a)] of the legislation.

There is hereby created the Colorado comprehensive health education program, which shall be a voluntary program in which school districts and boards of cooperative services may participate through the creation of local comprehensive health education programs. [22-25-104(1) C.R.S. as amended]

These guidelines have been developed and adopted by the State Board of Education in fulfillment of duties under the legislation. Local school districts may choose to follow these guidelines or develop alternatives that meet the statutory intent and provisions. For this reason, the word "should" has been used throughout to indicate a recommendation or guideline that ought to be considered by the local school district or board of cooperative services. "Shall" is used when the statutory language of the article is involved and the provision must be followed by the local school district or board of cooperative services.

Wording in bold type is directly quoted from the law. Paraphrases of the law are referenced by the Colorado Revised Statute section by number. The remaining information contained in this document was prepared by the Comprehensive Health Education Advisory Committee.

II. DEFINITIONS

As used in this document, unless the context otherwise requires,

1. **"Colorado comprehensive health education program" means the program created by section 22-25-104 (1) for the purpose of encouraging the teaching of comprehensive health education for the students of the schools in Colorado.**

2. **"Commissioner" means the office of the commissioner of education created and existing pursuant to section 1 of article IX of the state constitution.**

3. **"Comprehensive health education" means a planned, sequential health program of learning experiences in preschool, kindergarten, and grades one through twelve which shall include, but shall not be limited to, the following topics:**

(a) **Communicable diseases, including, but not limited to, acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) related illness;**
(b) **Community and environmental health;**
(c) **Consumer health;**
(d) **Dental health;**
(e) **Tobacco, alcohol and other drug use;**
(f) **Human growth and development**
(g) **Hereditary and developmental conditions;**
(h) **Mental and emotional health;**
(i) **Nutrition, personal health, and physical fitness;**
(j) **Family life education;**
(k) **Injury prevention, safety, motor vehicle safety, and emergency care;**
(l) **High- risk behaviors and concerns; and**
(m) **Age appropriate instruction on family roles and expectations, child development, and parenting.**

4. **"High-risk behaviors" means actions by children and adolescents which present a danger to their physical or mental health or which may impede their ability to lead healthy and productive lives. "High-risk behaviors" includes, but is not limited to, dropping out of school, incest and other sexual activity with adults, sexual activity by school aged children, physical and mental abuse, violence, and use of tobacco, alcohol, or other drugs.**

5. **"Local comprehensive health program" means a health education program instituted by a school board or board of cooperative services in accordance with the requirements of this article.** [22-25-103 C.R.S. as amended]

III. CURRICULUM

Colorado Comprehensive Health Education curriculum shall maintain, reinforce, and enhance health knowledge, skills, attitudes, and practices of children and youth that are conducive to their optimal health. The Department of Education shall develop guidelines to include the recommended information and topics, hours of instruction, and methods of instruction.
[22-25-104(3)(a)(b)(I)(II)(III) C.R.S. as amended]

The Colorado Comprehensive Health Education curriculum should include four major health competencies:

1. Identify the health issues, need and/or problems facing the individual and society.
2. Identify the causes and effects of health problems on the body and recognize those which can be prevented and controlled by oneself.
3. Identify and analyze social health problems and implications for prevention and treatment.
4. Recognize, analyze and demonstrate personal health behaviors which promote a healthy lifestyle.

The general content areas should include:

- Community and environmental health
- Communicable diseases
- Age appropriate instruction on family roles and expectations, child development, and parenting
- Injury prevention, safety, motor vehicle safety, and emergency care
- Family life education
- Nutrition, personal health, and physical fitness
- Mental and environmental health
- Hereditary and developmental conditions
- Human growth and development
- Tobacco, alcohol, and other drug use
- Dental health
- Consumer health

The curriculum should be offered consistently and sequentially for a minimum of 60 hours per year.

The methods used should promote competency in three domains:

- attitudinal/affective
- knowledge/cognitive
- skill-oriented/psychomotor

The curriculum may be achieved through a correlated approach in social studies, science, language arts, civics, physical education, information skills, and home economics; or through a direct instruction approach in specific health education courses.

The instruction should promote parental involvement, promote abstinence from high-risk behaviors, foster positive self-concepts, develop information gathering and decision-making skills, and provide mechanisms for coping with and resisting peer pressure. [22-25-106(3)(a) C.R.S. as amended]

Any curriculum and materials developed and used in teaching sexuality and human reproduction shall include values and responsibility and shall emphasize abstinence by school aged children. [22-25-104(6) C.R.S. as amended]

Each local comprehensive health education program which is adopted by a school district or board of cooperative services shall include a provision allowing a student exemption which permits a student, at the request of the parent or guardian of the student, to be excused from all or any part of the local comprehensive health education program. [22-25-106(4) C.R.S. as amended]

Each district or board of cooperative services shall give written notification of the comprehensive health education program to the parents or guardians of all students within that district or board of cooperative services, including notification of the exemption provision.
[22-25-206(4)(a) C.R.S. as amended]

The curriculum and materials to be used shall be made available for public inspection at reasonable times and reasonable hours and a public forum to receive public comment upon such curriculum and materials shall be held.
[22-25-106(4)(b) C.R.S. as amended]

IV. TEACHER TRAINING

The department of education and the commission on higher education shall cooperatively develop a plan for the training of teachers to provide comprehensive health education and promote the proper training of staff in health education. [22-25-104(4)(a)(b) C.R.S. as amended]

Teachers who provide instruction in comprehensive health education should have professional experience in the topics as outlined in the legislation, 22-25-103(a-m), either at the pre-service or in-service level.

The department of education will cooperate with the institutions of higher learning to ensure that training for teachers is available. Local school districts or boards of cooperative services will determine where and who receives the additional training.

Each district or board of cooperative services should establish a mechanism to determine in-service needs. It is important for successful health education curriculum implementation that a carefully planned program of staff development and awareness take place prior to classroom instruction.

In-service should focus on a number of areas:

A. DELIVERY — In-service can be delivered by institutions of higher education, school districts or boards of cooperative services, and communities.

B. NEEDS — Each district or board of cooperative services should undertake a formalized needs assessment to determine the most meaningful and useful in-services. Needs assessments should consider:

- community needs, crises
- community resources, trends, issues
- student interests and needs
- current faculty training
- better dissemination network

Nonpublic school personnel may participate as students in in-service education institutes or curriculum development programs conducted by school districts or boards of cooperative services pursuant to this article, and may be required to pay the pro rata share of the cost of participation.
[22-25-108 C.R.S. as amended]

V. PARENTAL/COMMUNITY INVOLVEMENT

In addition to the requirements of section 22-25-104 (3(b), each school district and board of cooperative services is encouraged to include instruction in its local comprehensive health education program which:

(a) promotes parental involvement, promotes abstinence from high risk behaviors, fosters positive self-concepts, develops decision-making skills, and provides mechanisms for coping with and resisting peer pressure;

(c) Integrates available community resources into the educational program.
[22-25-106(a)(c) C.R.S. as amended]

Parents of all ages (including teen parents and grandparents) and representative members of the community (including business, philanthropic, higher education, service, media, religious, public libraries and public entities) should be involved in comprehensive health education from the onset and ongoing, including but not limited to:

- Raising the awareness and understanding of topics and programs to be included in comprehensive health education through information dissemination.
- Participating in needs assessment of issues to be addressed by comprehensive health education (with consideration of diverse values and beliefs in the community) through data gathering, questionnaires, home visitation, public meetings, and parent/teacher conferences.
- Planning and implementing school/community comprehensive health education programs through the Comprehensive Health Education Advisory Committee, other committee participation, teaching, and volunteerism.
- Participating in programs designed to increase family resiliency to reduce non-educational barriers to learning through curriculum parent components, peer parenting/mentoring programs, home visitation, and parent/professional networking.
- Evaluating programs through pre-designed reviews of outcome-based goals.

VI. COMPREHENSIVE HEALTH EDUCATION ADVISORY COUNCIL

To ensure that a local comprehensive health education program reflects the health issues and values of the community, each school district or board of cooperative services may and is encouraged to establish a comprehensive health advisory committee or add necessary representatives to the advisory accountability committee, to address and make recommendations to the school district or board of cooperative services concerning the curriculum of the local health education program. [22-25-106(1) C.R.S. as amended]

In establishing a comprehensive health education advisory council or in supplementing an advisory accountability committee or other appropriate committee, the board of a school district or board of cooperative services is encouraged to appoint members of the community who represent various points of view within the school district concerning comprehensive health education; however, a majority of the committee shall be comprised of parents of children enrolled in the district. [22-25-106(2) C.R.S. as amended]

Membership should include various points of view within the community. This may include, but not be limited to; parents, member(s) of the clergy, teachers, school administrators, students, health care professionals, members of the business community, law enforcement representatives, senior citizens, and other interested residents of the school district. [22-25-106(2) C.R.S. as amended] Cross cultural, cross generational, special needs, military, and media representation should be considered as well as parents of all ages (including teen parents and grandparents).

VII. ALLOCATION OF FUNDS

The State Board of Education shall establish a review and prioritization process for allocation of available funds. Funding may be made available to districts or boards of cooperative services to implement portions of a comprehensive health education program, according to the needs of the individual school district. Funding for programs may include, but not be limited to, the implementation of training programs, in-service education institutes, and curriculum development programs for staff who shall instruct in comprehensive health education. No funds shall be allocated until the department determines the amount of money that will be available for allocation from the Colorado comprehensive health education fund. [22-25-105(3)(a) C.R.S. as amended]

The department of education recognizes that planning is an integral part in the developmental process of initiating or revising any program. In an effort to involve as many districts and boards of cooperative services as possible with limited resources, the department of education will accept proposals for planning (both initial planning and revision planning) grants the first year. Part of this planning process should include the district's or board of cooperative service's evaluation plan.

a) The Colorado Department of Education shall review applications for funds. [22-25-105(1) C.R.S. as amended]
b) The Commissioner or designee with assistance of Department of Health Executive Director or designee shall review all applications submitted to the department of education. [22-25-105(2) C.R.S. as amended]
c) The State Board of Education shall give due consideration to the guidelines developed pursuant to 22-25-104(3)(a) C.R.S. as amended.

Eligibility of School Districts for Funding of a Comprehensive Health Education Program
School districts/BOCES may apply to the Department of Education for participation by using forms and complying with application deadline dates provided by the Department of Education.

The **Request for Proposals** should consider:

- Commitment to concept
- Advisory Committee
- Evaluation
- Timeline
- Continuation Plan
- Strategies
- Budget

Parent/Community Information
The proposal shall include a plan for community distribution of information.

Student Exemption
The proposal shall include a plan for compliance with the parent notification and student exemption provisions as required by section 22-25-106 (4) of the Colorado Comprehensive Health Education Act.

Advisory Councils

- The advisory committee shall address and make recommendations to the school district/BOCES concerning the curriculum of the local comprehensive health education program.
- The advisory committee shall include members who represent various points of view within the school district concerning comprehensive health education. This may include, but not be limited to: parents, member(s) of the clergy, teachers, school administrators, students, health care professionals, members of the business community, law enforcement representatives, senior citizens, and other interested residents of the school district. Cross cultural, cross generational, special needs, military, and media representation should be considered as well as parents of all ages (including teen parents and grandparents).
- The advisory committee may be the school district's advisory accountability committee or other appropriate committee with the addition of representatives pursuant to 5.04 (2).
- A majority of the committee shall be comprised of parents of children enrolled in the district.

Selection Preference

A review and prioritization committee appointed by the State Board of Education, (which may be the Guidelines Advisory Committee), will recommend funding priorities to the State Board of Education.

The review and prioritization committee should consider:

- location (urban/rural)
- size
- geographical area

From those districts/BOCES that meet the above criteria, selection preference based on geographical location and various stages of program development will be given to ensure a more equitable distribution of funds.

- Equitable geographic distribution. School districts will be selected from the Denver metropolitan area (Adams, Arapahoe, Boulder, Denver, Douglas, and Jefferson Counties); the eastern slope of the state (the portion of the state located to the east of the continental divide but which does not include the Denver metropolitan are); and the western slope (the portion of the state which is located to the west of the continental divide) to ensure that schools from the different geographical areas receive funding.
- Equitable mix of programs. School districts will be selected from a range in the stage of development of comprehensive health education programs to ensure that there is representation from districts beginning a program, those with a limited program, and those with a comprehensive education program in place.

Criteria for Selection

The Department of Education shall utilize the following criteria in evaluating district/BOCES applications and determining the participating districts:

- commitment to concept.
- include statement of purpose and interest in comprehensive health education.
- demonstrate project staff commitment to the program.
- indicate evidence of administrative support for the program.
- include a plan to continue the program beyond the funded year.
- include an outline of the projected plan for development.
- include goals and objectives.
- include an outline of the projected plan for evaluation.
- include a timeline.
- include a budget

The Colorado Department of Education is authorized to approve district/BOCES plans for participation in the development and implementation of comprehensive health education programs established pursuant to Article 25, Title 22, C.R.S.

Funding Specifications

- Funding shall be determined by availability of money using a competitive process and using the above criteria.
- If moneys are not available in the Colorado Comprehensive Health Education fund sufficient to fund programs in every school district or board of cooperative services, the Department of Education will assist selected school districts or boards of cooperative services which express:
    - interest in developing a program or
    - interest in expanding a program and
    - there is a need[22-25-105(3)(b) C.R.S. as amended]

Applicants will be provided information from the Colorado Department of Education for the submission of proposals.

Nothing in this article shall be interpreted to prevent a school district or board of cooperative services currently offering health education programs from being eligible to receive funding pursuant to this article. [22-25-110(1) C.R.S. as amended]

Nothing in this article shall be interpreted to require a school district or board of cooperative services to establish a program or to prevent a school district or board of cooperative services from offering a program which is not operated under the requirements of this article; except that any such health education program shall comply with the notification and exemption requirements contained in section 22-25-106(4). [22-25-110(2) C.R.S. as amended]

Evaluation

Each district shall submit a written report annually to the Department of Education. The report shall include:

- an assessment of the progress achieved on goals and objectives outlined in the district proposal
- an assessment of the progress and extent of student, parent, and community involvement in the district's comprehensive health education program
- an assessment of the district's procedures for parent notification and student exemption as required by the Colorado Comprehensive Health Education Act, section 22-25-106 (4)
- an assessment of the district's plan for receiving public comment and for including public input into the development of the district's comprehensive health education program
- an assessment of the district's compliance with the guidelines approved by the State Board of Education
- an assessment of the district's compliance with the intent of the statutes
- financial expenditures as related to the stated goals and objectives, as well as matching funds contributed by the district and other sources

VIII. REPORTS AND EVALUATION

Each school district or board of cooperative services that receives funding for a local comprehensive health education program shall file a written report annually with the Department of Education. Such report shall include information and data specified by the Department of Education, including information received in the public forum held pursuant to section 22-25-106(4), and such report shall be filed on or before the date determined by the Department of Education. [22-25-207(1) C.R.S. as amended]

Evaluation is a critical part of developing and implementing a successful program . **With the assistance of the department of health, participating school districts and boards of cooperative services, and other appropriate entities, the department of education shall develop an evaluation of the Colorado comprehensive health education program. The commissioner shall annually prepare a written report describing the results of such evaluation which shall include, but not be limited to, a review of the program's compliance with the expressed intent of this article and any evidence of changed outcomes and behaviors as a result of this article. The commissioner shall transmit such report to the governor, to the members of the general assembly, and to the chairmen of the senate and house committees on education and the senate and house committees on health, environment, welfare, and institutions.** [22-25-107(2) C.R.S. as amended]

Each district or board of cooperative services should participate in statewide evaluation activities, design and implement internal evaluation, and participate in state sponsored evaluation workshops.

Evaluation will be a requirement of the **Request for Proposal**.